# Town of North Hempstead

### Department of Building Safety, Inspection & Enforcement

210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662

www.northhempsteadny.gov

## **Commercial Plan Review Check List**

								A	ppnca	mon Number:			
ssued. Comple the follwill not	It includes the eting it will assist owing items list	mos st in ed d te P	t commo expediti lo not ap lan refer	on omission ng your apoply to you renced in I	ns fr pplic ir pr tem	com comme cation. Since coject, simp	e process of getting ercial permit applice every application ply mark the item NOur staff will assist	ation diffe	ns sul ers, u For e	omitted to the Bui se this Checklist as xample a simple in	lding De s a guide nternal r	partment . If any of enovation	
New Co	nstruction	[	]	Full scop	e [	]	Tenant Fit out	[	]	Core and Shell	[	]	
Alterati	on / Addition	[	]	Facade	[	]	Parking on Grade	[	]	Maintain	[	]	
Section:			Block:		_	Lot(s):				Date:			
Address	of Permit Activit	v:											
				City:			State:				Zin:		
l							have been addressed:				2.p		
			-			Ü							
	<ul><li>a. Open permits requiring renewal or issuance of Certificates.</li><li>b. Site plan indicates fencing that does not have permits – gates set back 18'.</li></ul>												
	c. Site plan indicates structures not permitted (sheds, trailers).												
	d. BZA Decisions requiring renewal.												
		e. Prior BZA Decisions have been reviewed. Are all Conditions required by the BZA in compliance? (landscaping,											
	fencing, buffer zones, garbage lockers, etc.).												
	٠,		, ,										
				-			work is contemplated. I		work a	rea is a tenant space	located a l	large office	
ouitaing	or snopping cente	r a n	istoric revi	iew of the en	itire l	ouitaing or p	roperty is not required.	)					
2	Checked for Ch	nang	e of Use,	Change of	Occ	upancy, Ch	ange of Occupancy w	ith i	no Ch	ange in Occupancy	Classifica	ation?	
3 4	Occupancy calculations provided based on Section 1004 of the B.C. of N.Y.S.												
	Plans specifical the business is l				into	space, not	just "retail" (i.e. clot	hing	store	real estate office,	deli) If th	e name o	
5	If the application	n is	for an alt	teration, do	the	plans state	N.Y.S. B.C. Level (L	evel	1, 2,	3 or Change of Occi	upancy, e	tc.).	
5 5	Site plan provid	led i	ndicating	the location	n of	the work b	eing performed. Park	ing l	ayout	with calculations pr	rovided ii	ndicating	
all	spaces with their	typi	ical dime	nsion.									
7	Parking calcula	tion	s must inc	dicate the p	revi	ous tenant r	equirements and calc	ulati	ons in	dicating new tenant	t requiren	nents.	
7 3 9	•			-			•				•		
)	Two surveys of the property provided indicating all existing conditions.  The following information provided on the plans. This information is required for preparation of final certificates:												
	a. State the construction classification of the building as per Section 602 of the B.C. of N.Y.S.												
	b. State the occupancy classification of the tenant space as per Section 302 of the B.C. of N.Y.S.												
	c. State if the building has a fire sprinkler system. If so, is it required by code?												
			_		-	•	required by code?	, - (					
10			_				the installation of nev	v fire	e sprir	ıkler heads? If so. it	requires	the filing	
		der I	Permit ap	plication ar			ONH (relocation requ						

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#### Commercial Plan Review Check List - Cont'd

11	Modific	cation of a Fire Alarm system – submitted N.C.F.M. filing receipt or T.N.H. N.C.F.M	A Filing Affiday	vit							
12		ed N.C.F.M. filing receipt.	i. i iiiig i iiiidu	vit.							
13		ed T.N.H. N.C.F.M. Filing Affidavit in lieu of N.C.F.M. Filing receipt?									
14		ndicate the size, type & location of all required portable fire extinguisher in complian	nce with Section	906 of the B.C.							
	of N.Y.	S.									
15	Plans d	emonstrate compliance with the means of egress requirements of Chapter 10 of the B	.C. of N.Y.S.								
16	Plans in	ndicate the required egress discharge (exterior) lighting as per Section 1006.1 of the B	3.C. of N.Y.S.								
17		emonstrate compliance with the accessibility requirements of Chapter 11 and ANSI A									
18	MECcheck, COMcheck or other means of demonstrating compliance with the energy efficiency requirements of Chapter and the N.Y.S. Energy Construction Conservation Code.										
19	If a statement of special inspections has been indicated by the Design Professional, has the name of the person performing the special inspection and the qualifications of this special inspector been provided to demonstrate their competence to perform inspections as per Table 1704.1?										
20	Plans indicate all required plumbing fixtures and demonstrate compliance with all aspects of the applicable sections of Chapter 29 of the B.C. of N.Y.S. and the N.Y.S. Plumbing Code.										
21		ng Permit Application is submitted with Riser diagram. Plumbing App#									
22	If the plans indicate the installation of gas appliances and/or gas piping, a Gas Permit Application submitted with a gas riser diagram. Gas App #:										
23	Do the plans indicate the relocation of existing and/or installation of new HVAC equipment and/or ductwork, registers, etc.? This requires an HVAC Permit Application HVAC App #										
24	Do the	plans indicate how the HVAC unit(s) will be supported? (roof curbs, dunnage). If stee been indicated on the plans.	eel dunnage is u	tilized, has the							
25		applicant provided a certification letter indicating the roof structure is able to support	ort the additional	load of the							
	HVAC units?										
26	If the a	pplication is a Maintain, has an ORIGINAL Electrical Inspection Certificate been sub	mitted								
27 28	If the ap	pplication is a Maintain, has the Design Professional submitted the Maintain Certifica	tion Letter?								
28		mercial cooking equipment indicated, the plans must indicate the commercial exhaus		suppression							
		The applicant must also provide a copy of the approval for this system from the N.O									
29		ignage will be installed as part of the proposed construction you must file a Sign Per	rmit Application	for each sign							
	being p	roposed.									
		This form MUST be submitted with every Commercial App	<u>olication</u>								
License	ed Desig	gn Professional									
Busines	ss/Corp	oration:									
	_										
Name:	Last: _	First:									
License	e Numb	er:									
		t: City:	State:	Zip:							
		Fax:		_ ·							
		Licensed Design Professional's Stamp and Original Signature must ap	pear here:	7							

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